

FOR BOARD USE ONLY

Amount Submitted _____

Date _____

Receipt # _____



FOR BOARD USE ONLY

Certificate Number _____

Date Issued _____

Applicant No. _____

**GEORGIA STATE BOARD OF PROFESSIONAL COUNSELORS, SOCIAL WORKERS AND
MARRIAGE & FAMILY THERAPISTS**

Post Office Box 13446 • Macon, Georgia 31208 • (478) 207-2440

www.sos.state.ga.us/plb/counselors/

APPLICATION FOR REINSTATEMENT OF LICENSE

Check applicable license:

- ☐ Clinical Social Worker
☐ Licensed Master Social Worker
☐ Marriage and Family Therapist
☐ Licensed Professional Counselor

Application Fee \$200 (non-refundable)

Additional License Types (currently or previously issued by the Georgia Professional Licensing Boards): _____

Name _____
First Middle Last

Name as shown on exam records or transcripts
(if different) _____
First Middle Last

***Social Security Number** _____

Date of Birth _____

*This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. 19-11-1 and O.C.G.A. 20-3-295, 42 U.S.C.A. 551 and 20 U.S.C.A. 1001. It may also be disclosed to the National Practitioner's Databank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) or other licensing boards, or other regulatory agencies for license tracking purposes.

_____ **I am a U.S. citizen.**

_____ **I am not a U.S. citizen, but am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States.**

Physical Address _____
Number and Street Apt. No City/State Zip
P.O. Box not acceptable

Mailing Address _____
(if different) Number and Street Apt. No City/State Zip

Telephone Number Day Telephone Number Evening Email Address

PART II – STATEMENT OF APPLICANT

I hereby apply to reinstate my revoked License Type _____ License Number _____,
Issued on : _____ and Expired on _____.
Month/Day/Year Month/Day/Year

State reason/s why you did not renew your license and describe your professional activities since your license has lapsed:

PART III – PROFESSIONAL BACKGROUND

INSTRUCTIONS:

- For the following questions, the terms “license”, “registration” and “certification” are synonymous.
- If your answer is “yes” to any question, please attach a written detailed explanation, relevant documents and a description of the current status.

? Yes ? No 1. Do you now hold, or have you in the past held anywhere a professional license?

Type of License: _____
State: _____ License# _____
Date Issued: _____ Expiration Date: _____

Type of License: _____
State: _____ License# _____
Date Issued: _____ Expiration Date: _____

? Yes ? No 2. Have you been denied professional licensure or renewal because of a license disciplinary proceeding in Georgia or any other state?

? Yes ? No 3. Have you knowingly failed to renew a license during investigation or disciplinary action?

? Yes ? No 4. Have you ever had a license to practice any profession revoked, suspended or annulled or otherwise disciplined, including by private order?

? Yes ? No 5. Have you been subject to disciplinary action or had your membership revoked by any professional organization?

? Yes ? No 6. Have you been convicted of any criminal offense?

- ? Yes ? No 7. Have you been arrested, charged, and sentenced for the commission of any felony or any crime involving moral turpitude?
- ? Yes ? No 8. Have you been the defendant in a malpractice suit and either entered into a settlement agreement or paid court awarded expenses?
- ? Yes ? No 9. Are you currently unable to practice safely as a result of use of alcohol, drugs, narcotics, chemicals or any other type of material, or as a result of any mental or physical condition?
- ? Yes ? No 10. Have you previously applied for the same license for which you are currently applying? If "yes" name under which application was submitted:

PART V – AFFIDAVIT

I hereby swear under penalty of perjury that the information contained on this application is true and correct to the best of my knowledge and belief. If requested, I understand that I and/or my employer/s may be required to promptly provide additional information for this Application to be processed.

Date

Signature of Applicant

Sworn to and subscribed before me this

_____ day of _____, 200__.

Signature of Notary Public
My Commission Expires _____

NOTARY SEAL



**OFFICE OF SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION
GEORGIA COMPOSITE BOARD OF PROFESSIONAL COUNSELORS,
SOCIAL WORKERS AND MARRIAGE AND FAMILY THERAPISTS
237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440**

CONSENT FORM

I authorize the **Georgia Composite Board of Professional Counselors, Social Workers and Marriage and Family Therapists** to conduct a background investigation of me to determine my suitability for licensure. I give my consent for full and complete disclosure of all records and information concerning myself to the Board, their authorized representatives, or any other persons deemed necessary by the Board in determining my suitability, whether such records and information are of a public, private, or confidential nature, to include criminal history records. This authorization will remain in effect for the duration of my active licensure status with this state or until cancelled by me in writing.

Applicant's Full Name (Printed)

Physical Address (P.O. Boxes **NOT** Accepted)

Sex

Race

Date of Birth

Social Security Number

Place of Birth (City/State): _____

Aliases or Maiden Name: _____

(Signature of Applicant)

(Date)